

Announcing the Beginning Date for Division of Behavioral Health Background Check Waiver Application Process

On July 1, 2014 the Department of Health and Welfare is implementing a Behavioral Health Background Check Waiver application review process. The waiver application process provides an opportunity for individuals who are unable to pass a criminal history background check to request a waiver that would allow them to work in an approved substance use disorder (SUD) treatment or recovery support services provider (RSS), or at a Division of Behavioral Health (DBH) Adult Mental Health Program (AMH).

Accompanying this announcement, you will find a Frequently Asked Questions document as well as the waiver application. Hopefully this information will answer your questions, but if not please call 208.334.6997 and you will be referred to someone who can provide further information.

Waiver applications will be accepted as of June 9, 2014 and can be found at either mentalhealth.dhw.idaho.gov or SUD.dhw.idaho.gov.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

REQUEST FOR ADMINISTRATIVE REVIEW AND WAIVER

Please complete this form electronically or print legibly in the fields below.

Incomplete submissions cannot be accepted. All waiver requests must include the following supporting documentation:

- 1.) Signed and dated request for review, including questions below
- 2.) Copy of notarized Criminal History Unit (CHU) application
- 3.) Copy of letter from the CHU indicating unconditional denial or conditional denial and exemption hearing results.

Note: It is highly recommended that supporting documentation, which may include, but is not limited to: letters of support, treatment completion documentation, pre-sentence investigation reports, and training/education certificates be included with this application.

Applicant Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Employer (Name of Agency/Program): _____

Agency/Program Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Agency/Program Contact _____ **Contact Email:** _____

Please indicate below the number of crimes, offenses or child protection actions that are listed on your denial letter from the Criminal History Unit. **You will need to complete one of the following pages in Section A for each of the crimes, offenses or child protection actions listed on your denial letter.**

_____ # of crimes, offenses or child protection actions

Note: You must complete Section A, Section B, and the Signature Page before submitting this application.

SECTION A

In order to assist the review committee, please respond to the following questions in this section, **using one page for each crime listed in your denial letter from the criminal history unit.** Three pages have been included. You may print and complete additional pages if needed.

You may submit additional supporting documentation if you wish. Please note that the committee may also request additional information and/or contact references, employers, etc.

1. List/itemize and describe in detail the offense, crime or child protection action that is listed on your denial letter from the Criminal History Unit.
a. Date of conviction or child protection action:
b. City and State of conviction or child protection action:
c. Describe circumstances in detail
d. What is your relationship to others involved, including your relationship to the victim (do not include names):
e. Was the victim a member of a vulnerable population (Child, special needs, elderly adult)?:
f. When were you arrested and when were you released? When were you placed on supervision, and when were you released from supervision?

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SECTION B

Please respond to the following questions in this section. You may submit additional supporting documentation if you wish. Please note that the committee may also request additional information and/or contact references, employers, etc.

1. Describe your efforts to change your behavior or correct the situation. Include restitution, time in jail, parenting classes, volunteer or community service, counseling, therapy, or other things **that you did as part of your supervision or conditions of your release. (You may attach supporting documents.)**

Separately, describe efforts to change your behavior, **completed after your incarceration and supervision concluded.** Include parenting classes, volunteer or community service, counseling, therapy, or other things **(You may attach supporting documents.)**

4. Explain why you think you should be granted a waiver.

5. Please describe the type(s) of services you will be providing (counseling, education, clerical, management, etc.).

6. If the Division has previously reviewed your record for a DBH waiver, please provide the date, place, position sought, and results.

Note: Please complete the signature page that follows before submitting this application.

SIGNATURE PAGE

I have read, understand, and agree to abide by the Criminal History and Background Check Requirements outlined in IDAPA 16.07.20.009 and IDAPA 16.07.33.009. I certify that the information in this request, and all applicable supporting documentation, is true, complete, and correct to the best of my knowledge. By signing this application, you agree to allow the application and all included information to be distributed to a waiver review subcommittee consisting of employees of the Idaho Department of Health and Welfare, Idaho Department of Correction, Idaho Department of Juvenile Corrections and the Idaho Supreme Court.

Applicant Signature

Date

To be completed by employer:

By signing below, I certify that the individual named in this application is applying for this waiver because they are applying for employment with my agency or program.

Employer Signature

Date

Submit completed request form and supporting documents to:

Idaho Department of Health and Welfare:

Administrative Procedures Section
450 W. State Street
P.O. Box 83720
Boise, ID 83720-0026

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The Waiver Review subcommittee recommends that a waiver be:

☐ Granted
☐ Denied

Waiver granted by Division Administrator?

☐ Yes
☐ No

Division of Behavioral Health

Background Check Waiver Process Frequently Asked Questions

1. What is a waiver?

If granted, a waiver allows an applicant who was unable to pass a criminal history background check to provide services at either an approved substance use disorder (SUD) treatment or recovery support services provider (RSS), or at a Division of Behavioral Health (DBH) Adult Mental Health Program (AMH). The waiver is limited in purpose. Should it be granted, the waiver is not a DHW Clearance. The applicant will continue to be denied for other purposes even if the waiver is approved.

2. Who is eligible to apply for a waiver?

To apply for a waiver, an applicant must:

1. Have either a Department of Health and Welfare (DHW) Criminal History Unit (CHU) background check Unconditional Denial letter, or a Department of Health and Welfare Conditional Denial correspondence including an Exemption Review Denial letter and:
2. Be applying for employment with either an approved substance use disorder (SUD) treatment or recovery support services provider (RSS), or at a Division of Behavioral Health (DBH) Adult Mental Health Program (AMH). The employer will be required to sign your application certifying that you are seeking employment.

3. Who do I apply to?

Applications can be submitted through an email to APS@dhw.idaho.gov

Applications can be faxed to (208) 639-5741

Applications can be mailed to:

Idaho Department of Health and Welfare

Administrative Procedures Section

450 W. State Street

P.O. Box 83720

Boise, ID 83720-0026

4. Where do I get an application?

Applicants can find waiver application online on the DHW Mental Health page mentalhealth.dhw.idaho.gov or on the DHW Substance Use Disorders page SUD.dhw.idaho.gov.

5. Is there a cost to getting a waiver?

The cost for the original CHU background check is \$65.00. There is no additional cost to seek a waiver.

6. What will make me ineligible for a waiver?

There are certain crimes that make an individual ineligible for a waiver. They are: 1)forcible sexual penetration by use of a foreign object, 2)incest, 3)lewd conduct with a minor, 4)murder in any degree or assault with the intent to commit murder, 5)rape, 6)sale or barter of a child, 7)sexual abuse or exploitation of a child, 8)enticing of children, 9)inducing individuals under 18 into prostitution or patronizing a prostitute, 10)any felony punishable by death or life imprisonment, 11)attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any disqualifying crimes. An applicant is also not eligible if they haven't gone through the CHU Exemption Review process after having received a Conditional Denial letter from them after a criminal history check. Waiver requests received outside the established timeframe will be considered ineligible and not processed. From July 1st, 2014 through January 1st, 2015 a waiver may be applied for on a CHU denial issued within the past six months. After January 1st, 2015, the waiver must be applied for within 14 days of the CHU denial.

7. What information do I need to submit?

An applicant must submit a completed waiver application, a copy of the CHU application, the CHU Unconditional Denial letter or a Conditional Denial letter along with the Exemption Hearing Review, and any additional information the applicant feels will make their case for receiving a waiver.

8. Is there a time frame for how long it has been since my crime or child protection action occurred?

No. The timeframe for seeking a waiver is based on the date of the CHU denial.

9. Do I have to be seeking employment in order to get the waiver?

Yes. The applicant must have a potential employer sign the original CHU background check application.

10. What jobs do I need the waiver to be eligible for?

Any job, paid or as a volunteer, with an approved SUD treatment or RSS provider or a DBH AMH facility, whose position requires regular contact with clients must be able to pass the CHU background check; and if not able to do so, then must receive a waiver.

11. How long does the waiver remain in effect?

A new waiver request is required whenever an individual is required to have a new criminal history and background check. The Division may choose to revoke a waiver at any time at its discretion for circumstances identified as a risk to client health and safety.

12. If I am not granted a waiver at this time, can I reapply?

It depends. The Division's decision to not grant a waiver is based on the criminal history background check and supporting documentation submitted with the request. Individuals not granted a waiver may reapply but must submit a new criminal history background check and all required supporting documentation. You cannot reapply if your waiver was not granted due to one of the following disqualifying crimes: 1) forcible sexual penetration by use of a foreign object, 2) incest, 3) lewd conduct with a minor, 4) murder in any degree or assault with the intent to commit murder, 5) rape, 6) sale or barter of a child, 7) sexual abuse or exploitation of a child, 8) enticing of children, 9) inducing individuals under 18 into prostitution or patronizing a prostitute, 10) any felony punishable by death or life imprisonment, 11) attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any disqualifying crimes.

13. If I am providing services as a volunteer, do I need to seek a criminal history check, and a possible waiver?

The same rules apply to volunteers as is listed in #10.

14. Who will be making the decision regarding whether I receive a waiver or not?

A committee has been appointed by the DBH Administrator to review all waiver applications and make recommendations to him or her for granting of the waiver. The final decision will be made by the DBH Administrator.

15. What information will the Division be looking at, to make the decision?

All required information listed previously will be considered. An applicant should also include all information and supporting documents that he or she believes will make the case that the privilege of receiving a waiver is merited. This is your opportunity to make your case.

16. Who will my information be shared with?

Submitted information will be reviewed by the administrative staff who assure the application is complete, by the committee who makes recommendations on the application and by the DBH Administrator. All of these participants are aware of the confidential nature of this information and have agreed to treat it as such.

17. How long will it take before I know if a waiver has been granted?

The Department will conduct the review and make a determination within thirty (30) business days from the date of receipt of a complete written request for a waiver.

18. Can I provide services while the Department is reviewing my application for a waiver?

No.

19. Can the waiver be used for certification (i.e. CADCC)?

Currently the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC) requires a criminal history and background check clearance for any certification issued by the IBADCC. Board members are reviewing the DBH waiver process but have not made a decision on whether or not to accept it. At this time, a waiver granted by DBH may not be used for certification or licensure through a certifying or licensing body such as IBADCC or the Idaho Bureau of Occupational Licensing (IBOL)

20. Will Optum accept a waiver?

Not currently.